

**DOL Contract No. K2038
Amendment 01**

**Amendment No. 01 to
CONTRACT NO. K2038
BETWEEN
STATE OF WASHINGTON
DEPARTMENT OF LICENSING
and
UNITED STATE DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS**

DOL Contract No. K2038, including any subsequent modifications thereto, between the Department of Licensing (hereinafter called "DOL"), and United State Department of Homeland Security, Immigration & Customs Enforcement, Enforcement & Removal Operations (hereinafter called the "Contractor") located at

United State Department of Homeland Security,
Immigration and Customs Enforcement,
Enforcement and Removal Operations
3701 River Road
Yakima, WA 98902
Phone: 509-574-6765
FAX: 509-454-5796
E-Mail: Michael.R.Gladish@ice.dhs.gov

is hereby amended under the provisions of the *Agreement Alterations And Amendments* clause and by the mutual consent of all parties hereto, as follows:

1. PERIOD OF PERFORMANCE

The end date of the period of performance is extended from **May 31, 2013** to **June 30, 2015**, as authorized under the *Period of Performance* clause.
Prior to an extension or renewal being issued the Contractor must submit a new DAPS Access Application, Application Employee List Attachment A, and an Appropriate Use Declaration Attachment B (sample Attachment A and B attached).

2. CONTRACT MANAGEMENT

The Contract Manager for each of the parties shall be responsible for and shall be the contact person for all communications and billings regarding the performance of this Contract. The Contractor is required to notify the DOL Contract Manager in writing within sixty (60) days of changes to contact information, business mailing address, name or ownership. Failure to appropriately make written notification may result in a disruption in transactions for which DOL will not be liable or may result in termination of this Contract.

The Contractor Contract Manager is:	Michael Gladish United State Department of Homeland Security, Immigration & Customs Enforcement, Enforcement & Removal Operations 3701 River Road Yakima, WA 98902 Phone: 509-574-6765 FAX: 509-454-5796 E-Mail: Michael.R.Gladish@ice.dhs.gov
The DOL Contract Manager is:	Dani Waldron Department of Licensing PO Box 2076 Olympia, WA 98507-2076 Phone: 360-902-3824 FAX: 360-570-4943 E-Mail: dwaldron@dol.wa.gov

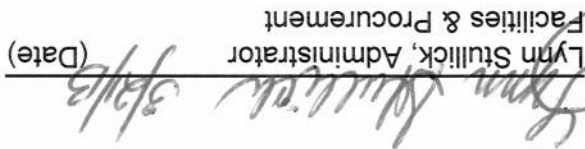
ACKNOWLEDGMENT

The execution of this amendment shall constitute a ratification of that earlier verbal agreement between the parties, hereto, the terms and conditions of which are contained herein. Accordingly, regardless of the date of execution, the effective date of this amendment shall be **June 1, 2013**. All other terms and conditions of the original contract and any subsequent amendments thereto remain in full force and effect. The parties hereby acknowledge and accept the terms and conditions of this Amendment which is executed by the persons signing below who warrant that they have the authority to execute it on behalf of DOL and the Contractor.

IN WITNESS WHEREOF, the parties have executed this Amendment.

United State Department of Homeland Security
Immigration & Customs Enforcement
Enforcement & Removal Operations
State of Washington
Department of Licensing

(Signature) 
(Date) 03/05/2013

(Signature) 
(Date) 3/5/13
Lynn Stullick, Administrator
Facilities & Procurement

APPROVED AS TO FORM ONLY

Signature on File
Susan Pierini AAG
October 10, 2012
(Date)

(Print Name & Title) Michael Gladish, S002

*****THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK*****

Agency name		Agency address		City		State		Zip code		(Area code) Contact telephone		Contact signature		X	
Print each employee name:															
Employee name		Employee name		Employee name		Employee name		Employee name		Employee name		Employee name		Employee name	
Employee name		Employee name		Employee name		Employee name		Employee name		Employee name		Employee name		Employee name	
Employee name		Employee name		Employee name		Employee name		Employee name		Employee name		Employee name		Employee name	
Employee name		Employee name		Employee name		Employee name		Employee name		Employee name		Employee name		Employee name	

Email: dapscomm@dol.wa.gov
 Fax: (360) 570-4943

We are committed to providing equal access to our services. If you need accommodation, please call (560) 902-3708 or TTY (560) 664-0116.

10-400-202 (Rev. 12)

First employee name	Employee serial badge number	Employee signature	Date
First supervisor name	Supervisor signature		Date

I reviewed the Interagency Agreement with my supervisor and understand the expectations for using BAPPS.

Misuse of DAPS information is a felony and is punishable by fine and/or imprisonment.

- 1) Share the information with any unauthorized person.
- 2) Use the information for personal reasons or benefit.

DAPS users will not:

- 1) Ensure the confidentiality and privacy of the information accessed.
- 2) Only use the information to accomplish official job duties.

DAPS users will:

Department of Licensing.

All DAPS users must sign this form. Keep a signed copy of this declaration on file in your office – do not return to

Driver And Plate Search (DAPS)
Appropriate Use Declaration

WASHINGTON STATE DEPARTMENT OF
LICENSING

ATTACHMENT B

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